

Memorandum

Date: August 26, 2009

To: Office of the Assistant Commissioner, Inspector General

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Office of Investigations

File No.: 006.14419.11636.2009chapter8

Subject: COMMAND REIMBURSABLE SERVICES INSPECTION – CHAPTER 8

On August 18, 2009, the Office of Investigations (OINV) completed the Second Quarter mandatory command inspection. The Commissioner selected the Chapter 8, Command Reimbursable Services and DUI Cost Recovery program.

A comprehensive physical inspection of all reimbursable contracts, logs, memorandums, and letters of agreement for the previous 12 months was conducted. OINV did not enter into any contracts for DUI cost recovery; however, there were nine allied agency investigations and/or assists. As a result of the inspection, several areas require corrective action. As a corrective or preventative measure, a reimbursable services coordinator has been assigned and is familiar with the policies and procedures contained in HPM 11.1, *Reimbursable Services*, Chapter 6, and HPM 22.1, *Command Reimbursable Services and DUI Cost Recovery*, Chapter 8.

If you have any questions or are in need of additional information, please contact me or Lieutenant Michael Richard at (916) 843-3060.




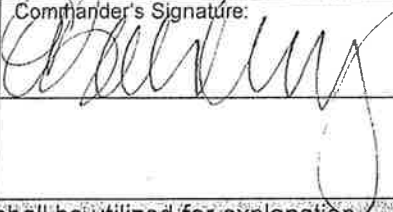
E. J. BARKLEY, Captain
Commander

Attachment

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
INSPECTION PROGRAM
CHAPTER 8
COMMAND REIMBURSABLE SERVICES

Command: 006	Division: 005	Number: 1
Evaluated by: Sergeant James Mann		Date: 08/01/2009
Assisted by:		Date:

INSTRUCTIONS: Answer individual items with "Yes" or "No" answers, or fill in the blanks as indicated. Any "No" answers, discrepancies with policy, applicable legal statutes, or deficiencies noted in the inspections shall be commented on via the "Remarks" section. Additionally, such discrepancies and/or deficiencies shall be documented on an Exceptions Document and addressed to the next level of command. Furthermore, the memorandum shall include any follow-up and/or corrective action(s) taken. If this form is used as a Follow-up Inspection, the "Follow-up Inspection" box shall be marked and only deficient items need to be re-inspected.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input type="checkbox"/> Command Level <input type="checkbox"/> Office of Inspections <input checked="" type="checkbox"/> Voluntary Self-Inspection		Lead Inspector's Signature:  8/24/09	
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Follow-Up Inspection BY: _____	Commander's Signature: 
For applicable policies, refer to HPM 11.1, Chapter 6.		Date: 8/24/09	

Note: If a "No" or "N/A" box is checked, the "Remarks" section shall be utilized for explanation.

1. Prior to the performance of services, is the contracting party informed of the rates charged for services, departmental equipment usage, and cancellation policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
2. Does the billing rate include mileage and other expenses such as uniform or equipment damage?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
3. When a safety service is provided to another state agency, is the agency's five-digit billing code obtained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
4. Is the billing code documented on the Reimbursable Services Billing Memorandum?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
5. Is \$50 charged for each CHP uniformed employee assigned to the detail if the cancellation notification is less than 24 hours prior to the scheduled service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
6. Is a minimum payment of 4 hours overtime charged when employee(s) could not be notified of the cancellation of their service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
7. Is information regarding the procedures to obtain necessary right-of-way clearances or permits, local requirements, and other pertinent information made available to inquiring parties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
8. Are written requests for specific services directed to the appropriate command?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
9. Are traffic control services less than \$50,000 approved by Division?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
10. Are traffic control services estimated to be \$50,000 or more approved by the Office of the Commissioner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
11. Are extraordinary protective services approved by the Assistant Commissioner, Field?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

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CHAPTER 8

COMMAND REIMBURSABLE SERVICES

Questions 12 through 17 pertain to collecting advance deposits.

12. Is a Reimbursable Services Agreement (RSA) log number requested from Division for every contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
13. Is a CHP 465 form completed in accordance with policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
14. Are advance payments collected from the contracting company prior to the start of the service?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
15. Is a CHP 251 prepared and mailed to the contracting company upon receipt of advance payments?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
16. Is a CHP 467 prepared and submitted to the Fiscal Management Section upon completion of the contractual service(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
17. Is a copy of the CHP 465 attached to the weekly CHP 230, and if applicable, a CHP 169?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

Questions 18 through 31 pertain to the preparation of agreements.

18. Is a CHP 466 maintained?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Action Required
19. Do RSA numbers begin with the letter "R" to denote reimbursable services, followed by two digit fiscal year, three digit location code, and a sequential number for each agreement?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
20. Is the CHP 466 closed out at the end of each fiscal year with a new log implemented on July 1 beginning with the sequential number 001?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Action Required
21. Are all sequential numbers accounted for when reconciling with the Billing Memorandum?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Action Required
22. Are sequential numbers not matching Billing Memorandums reconciled?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Action Required
23. Is the original RSA signed and filed at Area?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Action Required
24. Does the command proceed with all RSA arrangements, and if needed, ensure the requestor has obtained the necessary right-of-way, clearances, and permits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
25. Is the indemnification clause included in the agreement when requested?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
26. Is the inclusion of the indemnification clause approved by the Department of General Services, Office of Legal Services?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
27. If the service is over \$50,000 per occasion, is a CHP 78R prepared and submitted to Contract Services Unit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
28. Is a copy of the resolution, order, motion, or ordinance of the local governing body obtained when one of the contracting parties is a county, city, district, or other local public body?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
29. Are dignitary protection services referred to the Office of Dignitary Protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

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30. Are CHP 312 forms, CHP 313 forms, and CHP 467 forms prepared when a statewide agreement is in effect?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
31. When state agencies are requesting a statewide agreement, are they referred to Enforcement Services Division, Field Support Section?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
Questions 32 through 38 pertain to training agreement procedures and reporting for services provided.				
32. Is a CHP 230 prepared by the contracting party when fees are collected on the day of the training session?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
33. Are the original CHP 467 and contract agreement submitted to Fiscal Management Section (FMS) upon completion of services (other than COZEEL, MAZEEL, extraordinary protective services, and special projects) within 5 days?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
34. Are copies of CHP 467 forms forwarded to the next level of review?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
35. Is the date when the Billing Memorandum was sent to FMS noted on the Reimbursable Services Control Log?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
36. Is a copy of the command's Reimbursable Services Control Log forwarded or e-mailed to the Division Coordinator at the end of each month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
37. Is the Reimbursable Services Control Log verified with the copies of the Billing Memorandums to ensure all reimbursable time has been reported to FMS for billing purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks: Action Required
38. Are outstanding items being inspected and resolved?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
Questions 39 through 52 pertain to extraordinary protective services and report of overtime hours for reimbursable special projects.				
39. Is a copy of the CHP 467 and CHP 465 submitted to FMS upon completion of extraordinary protective services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
40. Is a reimbursable special project code obtained on every contractual service?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
41. Is the overtime report(s) for reimbursable special project(s) used to reconcile CHP 415 forms for each special project?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
42. Are the special project codes on the overtime report(s) verified to ensure the correct special project code has been used?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
43. Are all corrections noted on the overtime report(s)?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
44. Are overtime reports approved and dated by the commander after reconciling?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
45. Is the original overtime report(s) forwarded to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
46. Is a copy of the overtime report forwarded to Division by the 10 th of the month (except COZEEL/MAZEEL)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

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47. Are all COZEEP/MAZEEP reports forwarded to Division by the 15 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
48. Are all COZEEP/MAZEEP reports approved by Division and forwarded to FMS by the 30 th of the month?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
49. Is a copy of the CHP 71 attached to the overtime report(s) when there are reimbursable nonuniformed personnel hours?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:
50. Is an amendment of service agreement requested prior to the fund being depleted, and if necessary, is the service discontinued?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
51. Are all payments made directly to FMS?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Remarks:
52. Does the command require delinquent companies to pay outstanding invoices in full prior to providing any future services?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A	Remarks:

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: 006	Division: 005	Chapter: 8
Inspected by: Sergeant J. Mann #15066		Date: 08/18/2009

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INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 40	<input checked="" type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Due Date: 10/15/2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

It was determined that OINV's documentation pertaining to reimbursable service contracts is not in line with the requisites defined by current departmental policy.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

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Required Action
Corrective Action Plan/Timeline

While reimbursable service contracts have been generated, it was determined that OINV is not in compliance with proper documentation procedures. Therefore, an action plan has been developed to correct the deficiencies and to bring documentation procedures in line with departmental policy.

Corrective Action Plan:

A review of HPM 11.1 - *Reimbursable Services*, Chapter 6, and HPM 22.1 - *Command Reimbursable Services and DUI Cost Recovery*, Chapter 8, will be conducted by employees involved in the process of generating and documenting the requested services.

A quarterly review of the CHP 466 - *Reimbursable Services Control Log*, will be conducted to ensure that reimbursable services are being assigned Reimbursable Service Agreement (RSA) numbers. The logs will be reconciled with actual services rendered to ensure appropriate documentation procedures are followed and records are properly maintained.

A reimbursable services coordinator has been assigned to oversee the program to ensure that departmental policy pertaining to the proper documentation process is adhered for all future contracts.

Follow-up Action:

Captain Barkley will conduct a compliance audit to ensure the aforementioned corrective actions have been implemented. On October 15, 2009, a re-inspection of the Command Reimbursable Services program will occur to show compliance with requisites defined by current departmental policy.

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EXCEPTIONS DOCUMENT

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Command: 006	Division: 005	Chapter: 8
Inspected by: Sergeant J. Mann #15066		Date: 08/18/2009

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 8/27/09
	INSPECTOR'S SIGNATURE 	DATE 8/24/09
<input type="checkbox"/> Reviewer discussed this report with employee	REVIEWER'S SIGNATURE 	DATE 9/14/09
<input checked="" type="checkbox"/> Concur <input type="checkbox"/> Do not concur		